

PATENT

Attorney Docket: 2448 DIV CON VIII

(203-2626 DIV CON VIII)

TED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:

Bolduc et al.

EXAMINER: Gary Jackson

SERIAL NO.: AMARIE AND

ART UNIT: 3731

OR TOTAL \$ 0.00

FILED:

January 12, 2004

DATED:

February 16, 2006

FOR:

SURGICAL HELICAL FASTENER WITH APPLICATOR

Mail Stop AMENDMENT **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

OTHER THAN (Col. 1) (Col. 2) (Col. 3) SMALL ENTITY SMALL ENTITY **CLAIMS** REMAINING HIGHEST NO. ADDIT. **AFTER PREVIOUSLY PRESENT** ADDIT. **AMENDMENT** PAID FOR **EXTRA** RATE FEE OR RATE FEE TOTAL 18 **MINUS** 20 = 0 X 25 \$ X 50 \$ 0.00 INDEP. MINUS = 0 X 100 \$ X 200 \$ 0.00 ☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM X 180 X 360 \$ 0.00

> TOTAL ADDIT, FEE 0.00

No additional fee is required.

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

"If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
"" If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. 61.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Amendment, Commissioner for Patents, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on February 16, 2006.

Dated: February 16, 2006

Dana A. Brussel

	sheet are enclosed.
[]	A check in the amount of \$ is enclosed.
[X]	Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No.21-0550 Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

[] Please charge Deposit Account No. 21-0550 in the amount of \$_____. Two (2) copies of this

Respectfully submitted,

Dana A. Brussel Reg. No. 45,717 Attorney for Applicants

Carter, DeLuca, Farrell & Schmidt, LLP 445 Broad Hollow Road, Suite 225 Melville, New York 11747

Tel.: (631) 501-5700 Fax: (631) 501-3526

Correspondence address:

Chief Patent Counsel
United States Surgical,
a Division of Tyco Healthcare Group, LP
195 McDermott Road
North Haven, CT 06473